



California Department of Transportation
Application for Mentor-Protégé Program
(for Potential Mentor only)

Business Name: _____

Address: _____

Phone: _____

President: _____

Contact Person: _____ **Phone Number:** _____

E-Mail Address: _____

Type of Business: _____

List Non-Caltrans Professional References:

Name:	Firm Name:	Phone:	Prime	Sub	Client/ Owner
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Please list three specific goals that your firm would like to gain from participating in the program?

2. Please list three items that your firm brings to the relationship?

3. Has your firm worked with any of the following agencies?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| a. Caltrans | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Federal Agencies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Local Agencies (including CMAs) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Other governmental agencies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4. How long has your firm been in business?

_____ yrs

5. Would you like to apply for the Calmentor Steering Committee Membership? If yes, please submit a 1 page Statement of Qualification along with this form.

Yes ☐ No ☐

Mail to:
 Caltrans Calmentor
 Attn: Nabeelah Hanif
 2015 E Shields, Suite 100
 Fresno, CA 93726

or Fax to:
 Caltrans Calmentor
 Attn: Nabeelah Hanif
 (559) 243-3426

Question?
 Call: Nabeelah Hanif
 (559) 243-3463
 email: nabeelah_hanif@dot.ca.gov